SICIANS shoul RECORD PERMANENT properly pino ITH in plain DEAT jo OF Every it

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lif death occurred in St.;....Ward) a hospital or lostitution, give its NAME Instead of street and number.] months foetus. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED, widowed, Single. (Write the word) (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Secondary BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) ALLULA. 11661. OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State yrs. ____ mos. ds

Where was disease contracted. If not at place of death?.... Former or Father. usual residence....: 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL No formal Burial 20 UNDERTAKER ADDRESS None required.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

LOCA

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant ncoplasms); Measles; Whooping cough; Chronic nus," "Old Age," "Shock," "Uraemia," "Weakness," valcular heart disease; Chronic interstittal nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Tuerperal septichaegenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracturé of skull, aud consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Petus burg (No. 2) 2 FULL NAME Electrice aloh	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hernale Black Strike the word) 4 COLOR OR RACE SHIPLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITHER the WORD)	16 DATE OF DEATH 2 17 , 191 4 (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I sttended decessed from
hor 12 1912	that I lest asw h e slive on 2/15 191 4
**Month) (Day (Year) 7 AGE It LESS than it day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. **Trade, profession, or particular kind or particular kind or particular kind or particular kind or parti	and that death occurred on the date stated shove, at 10 76 Am, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Dercheska loo Ind	Contributory None (Buration) yrs / mos. ds.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OWA FOR FRIEND 12 MAIDEN NAME OF MOTHER OWA FOR FRIEND 13 MAIDEN NAME OF MOTHER OWA FOR FRIEND 14 MAIDEN 15 MAIDEN 16 MAIDEN 17 MAIDEN 18 MAID	(Signed) SPOGO M. D. (Address) The Social Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Interment) Cora aldridge (Address) Hereloelz ned Filed Hel 17 th Robert & Hastings REGISTNAN	If not at place of death? Former or USUAL residence. 19 PLACE OF BURIAL OR REMOVAL ALL 18 1914 20 UNDERTAKER ADDRESS A Pulleower bury to August 18 18 18 18 18 18 18 18 18 18 18 18 18
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of..... (name origin; "Canture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accicause of death approved by Committee on Nomencla-"Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,



OCCUPATION RECORD PERMANENT plai P OF

Every Item CAUSE OF Important.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... Ilf death occurred in a hospital or Institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION Entin - Coletia (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos. __ Where was disease contracted. If not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

ADDRESS

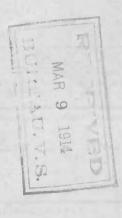
If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of agc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer; first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head mia," "PUERPENAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY-and qualify as which surgical operation was undertakeu. For vio Bronehopneumonia (secondary), 10 ds. Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendatious on statement of "Exhaustion," Never report



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

- FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH 7 2 4 , 191 4 (Month) (Day (Year) 1 HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)	that I last saw h W alive on Feb 1 + 1914, and that death occurred on the date stated above, at 10 a.m.
7 6 yrs // mos / ds. 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	0
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ourafion) yrs. mos. 6 ds.
9 BIRTHPLACE (State or country)	Gontributory
10 NAME OF FATHER N 11 BIRTHPLACE OF FATHER	(Signed) A Stories , M. D. + 24, 1914 (Address) Communication
(State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUAY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) Same to the Best of My Knowledge	Where was disease contracted, It not at place of death? Former or usual rasidence.
(Address) Cambudge	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed February 1914 Sastorus REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS
	trar, 6 E. Franklin St., Balto, Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Forcman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



RECORD

A PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.

PLACE OF DEATH	STATE OF MARYLAND
gounty Merchesler	CERTIFICATE OF DEATH
0 4	Registration Dist, No. 112.
Village or City Front (No	St.; Ward) [If death occurred in a hospital or institution,
- 2 FULL NAME A Loyd Brins fr	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RAGE 5 & BINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH File 28, 1914 (Month) (Day (Year)
DATE OF BIRTH Tebruary 12 ", 906	17 Jeb 22 and 1914, to Let, 28 16, 1914.
(Month) (Day (Year)	that I last saw hered alive on Felle 28 - 1914
7 AGE If LESS than 1 day,	and that death occurred on the date atsted above, at
© OCCUPATION (a) Trade, profession, or	
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Measles (Duration) yrs mos. 9 ds.
9 BIRTHPLACE (State or country) Maryland	Secondary Properties you mos Z ds
10 NAME OF Linwood Denhard Bruisfield	(Signation) (Signation) M. D.
11 BIRTHPLACE OF FATHER (State or country) Marylands 12 Maiden Name OF MOTHER	*State the DISASE CAUSING DEATH, or, in deaths from VIOLENT
a Quellian Madora Marine	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTED
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	At place In the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Sept & Bell (Neighbor)	Former or usual residence
(Address). Glema R. F. N. F. T.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
FEB 28 1914 S. Lamkin	20 UNDERTAKER A ADDRESS ADDRESS
1169AL W LOCAL REGISTRAR	Gerowe & Framplom Jederalsburg Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the nisease Servant, Cook, Housemaid, ctc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of tungs, meninges, peritonacum, etc., Carcin-

Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal poritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned cause. Always qualify all diseases resulting from is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head



See instructions

B.-Every Item CAUSE OF Important.

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. //7

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead

D.

ADDRESS

2FULL NAME Ele	Caplus of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male hegy (Write the word)	18 DATE OF DEATH 2 , 191. (Month) (Day (Year) 17, I HEREBY CERTIFY, That I attended deceased from
TAGE TAGE TAGE TO AGE TO A	that I last saw h MM alive on Tel 27 , 1915 and that death occurred on the date stated above, at // P The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos
9 BIRTHPLACE (State or country) 10 NAME OF Eli Cuphas	Contributory Levy July Elly and Secondary Lias is (Buration) yrs mos (Signed) Stories M.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ELLY alvth Morris	*State the DISEASE CAUSINO DEATH, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place of death yrs, mos. ds. State yrs, mos. Where was disease contracted, it not at place of death? Former or usuat residence.
(Address) Carractical	Cornervelle Date of Burial Mars 2 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallg. cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: IENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Sorchast Registration Dist, No. 110Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. Widower WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased for (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, when 1 day hrs. The CAUSE OF DEATH* was OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Ouration) yrs. mos. which employed (or employer) State or country) Contributory Secondary 10 NAME OF PARENTS 11 BIRTHPLACE 7 , 1914 (Address) . 1 & hear of lan OF FATHER (State or count *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or of death _____ yrs. ____ mes. ___ ds. State ____ yrs, ___ mos. Where was disease contracted. if not at place of death?. usual residence.

fif death occurred in

(Year)

a hospital or institution. give its NAME lostead of street and number.]

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DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

W. A. summons

PLACE OF BURIAL OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neccated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as galnfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. If death occurred in St:....Ward) a hospital or institution, RECORD give its NAME instead 7. Sochilda of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH SEX 4 COLOR OR RACE MARRIEO, Z WIDOWEO, (Day) ORDIVORCEO (Write the word) PERMA I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory..... State or country) (Secondary) (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. WRITE If not at place of death?..... Po Former or OF usual residence. CAUSE OF 19 PLACE OF BURIAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Ne.

[Approved by U. 8. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) "Foreman,"

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If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1914 BURBAU, V.S. MARGIN

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PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. 4 PLAINLY, WITH UNFADING INK-THIS IS of Information s DEATH in plain WRITE Every item CAUSE OF Important. S 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 114

St.;....Ward)

Ilt death occurred in a hospital or Institution, give its NAME instead of street and number.]

County Dorchester
Village or City brafe

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	female Colored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH THE CONTROL (Year)
6 DA	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h
7 A G	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 29 Testom. The CAUSE OF DEATH* was as follows:
(a)	CCUPATION) Trade, profession, or ricular kind of work	in the state of th
busi	General nature of Industry, Iness, or establishment in ch employed (or employer)	(Ouration)yrsmosds.
9 BI	(State or country) Sor Chester	Secondary (Ouration)yrsmosds.
	10 NAME OF Bangston Ennalla	(Signed) 20 Lousich Roreg, M.D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN NAME Sillie Foster	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) & chester	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
	(Informant)	If not at place of death? Former or usual residence.
	(Address) Chaft	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	1.6 y W & Curick	Fosters Burrying ground feb 7, 1914.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," ctc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, ctc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopnoumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "As is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for



No. 1. 002

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PHYSICIANS should state of OCCUPATION is very of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. EXACTLY. AGE WRITE CAUSE OF I

RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH Dorchester

STATE OF MARYLAND CERTIFICATE OF DEATH

	lage or City Cambudge (No.	Registration Dist. No.
VIII		st.; Ward) a hospital or lastitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	nale While Single, wipowed, Orbivopaced (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH FULL /3 (Month) (Day (Year)	
TA		and that death occurred on the date stated above, at
(a) pa (b)	CCUPATION) Trade, profession, or 100000 ricular kind of work	10 day in his times topin buil.
whi	Iness, or establishment in chemployed (or employer) RTHPLACE (State or country) Orchesta to. Loc	Contributory Secondary (Duration) yrs mos ds
S	10 NAME OF Amasa Fragian 11 BIRTHPLACE	(Signed) Leur Seute, M. D. 22914 191 ± (Address) Ceurthern Mil.
ARENT	OF FATHER (State or country) Dorchester - And	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal,
Δ.	13 BIRTHPLACE OF MOTHER (State or country) OF Chusho-Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
	(Informant) A Julius a Fragitis	Where was disease contracted, If not at place of death? Former or Usual residence
15	(Address) Cambuly And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Laylow Island Fob 14, 1919
Fil	80 726.14, 191.4 Cluary REGISTRAR	20 UNDERTAKER MAN APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; applies to each and every persou, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speeistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known: The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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PHYSICIANS should of OCCUPATION IS RECORD D shoul U roperl AGI supplied. pe may certificate. 80 jo pe terms, n back should plain instructions Information c DEATH jo Item OF mportant.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Amellestin Registration Dist. No. 11 St :----Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH B SINGLE, LUCE 3 SEX 4 COLOR OR RACE WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h...... alive on.... (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (e) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duratien) which employed (or employer) Contributory, 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 (Address)...... ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or country of death ____ yrs. mes. ds. State yrs. ____ mos. ___ Where wes disease contracted. If not at place of death?. usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Ilf death occurred in

a hespital or institution.

give its NAME instead of street and number.]

ADDRESS

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industi; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always—the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carein-

such, if impossible to determine definitely. Examples: ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." by earbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing ... (name origin; "Candeath), 29 "Exhaustion,"



PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classifled. 4 15 should properly AGE INK supplied. UNFADING may that 80 WITH terms, on back should PLAINLY In plain Information of Inform WRITE OF Every Item CAUSE OF Important.

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDDWED, ORDIVERCED (Write the word) DATE OF BIRTH (Month) (Day TAGE If LESS than 1 day,hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment (in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 PARENTS 11 BIRTHPLACE OF FATHER (State or country) See Instructions on 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) If not at place of death? Former or (Informant) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

.....Ward)

Ilf death occurred in a hospital or lestitution, give Its NAME Instead of street and number. 1

MEDICA	L CERTIFICATE	OF DEATH	
6 DATE OF DEATH	tel.	22	., 1914
	(Month)	(Day	(Year)
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nat I last saw hum			
nd that death occurred	on the date state	d above, at	m
he CAUSE OF DEATH			
A			
Cerebral	Hemorles	es. [Ne us	<u>.</u>
Cerebral Lead when I	got then)		
	(Duration)	o minter	-
	(Duration)	Jr8	105
Secondary	in Sele	vec.	
**************************************	(Duration)	yrs	nasds
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Signed)	- 6000		, M. D
+86.23,191 V	(Address) 6a	calriofs	, Med
*State the DISEASE			
CAUSES, state (1) MI	EANS OF INJURY:	and (2) whether	er Acciden
B LENGTH OF RESIDE	NCE FOR HORSE	e Increment	Tanana
OR RECENT RESIDENTS	;)	S, INSTITUTIONS,	IRANSIENTS
At place	In the	yrs,	

usual residence OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

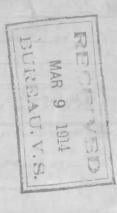
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the ocenpation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dnties of the honsehold only (not paid Housekeepers mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation -- Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Publicant peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions." "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhanstion," ample: Meastes (disease causing death), 29 ds.; aant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septiehacete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated nuless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned sucb, if impossible to determine definitely. Examples: "Heart failure," "Haemorrhage," "luanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or interenrrent)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

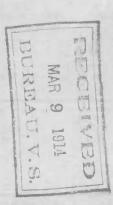
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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous "Foreman,"

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cause of death approved by Committee on Nomencia-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerferal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaenius," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canschsis, tetanus) injury, as fracture of skull, and cousequeuces (e. g., by curbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the Bronchopncumonia (secondary), 10 ds. ample: ture of the Americau Medical Association.) dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "Exhaustion," Never report



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state certificate. ō back 60 instructions Important. Every It 0

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No Ilf death occurred in St: .Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. BSEX 4 COLOR OR RACE MARRIED. Mad 1914 (Month) (Day) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Day) (Month (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. OR min. ? 6 OCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Durafion) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 1 OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER (State or country of death yrs. mos. ds. Stafe yrs. ___ mos. Where was disease confracted. If not at place of death? Former or usuai residence BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

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PLACE OF DEATH	STATE OF MARYLAND
19achest num	CERTIFICATE OF DEATH
FULL NAME May Mel	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) Single	18 DATE OF DEATH 6 FELT 9 , 1914 (Year)
DATE OF BIRTH July 14 19184	THEREBY CERTIFY, That I attended deceased from that at all the start and the start an
(Month) 2 4 (Day (Year) It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at $\frac{5}{4}$ m. The CAUSE OF DEATH* was as follows:
COCCUPATION (a) Trade, profession, or particular kind of work	Juantin.
(b) Generat nature of Industry, business, or establishment in which employed (or employer)	(Duratioo)yrsmosds.
BIRTHPLACE (State or country) BICK A Juny	Gontributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER Willampy Melkin	(Signed) SEWALGE & R. M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER SUBJECT Galyan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds
(Informant) Lambly Hally	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Westour ad	By Chtown Ind feb 10, 1914
Filed 78. 9, 1914 ZWOLD REGISTRAR	20 UNDERTAKER KDDRESS

Lemmo If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	//	6

Ilf death occurred in a hospital or institution, give Its NAME Instead

St.:....Ward) of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RAGE MARRIED, WIDOWED. (Month) (Day ORDIVORCED (Write the word) Single I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Serrant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, As examples: engineer. The (6)

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nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal sentichermia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic). "Atrophy," valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," the head of Never report cause fur



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WRITE PLAINLY, WITH I	m of information should be carefully sur DF DEATH Ip plain terms, so that it ma t. See instructions on back of certificate.

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1614 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Drichesty

Registration Dist. No.1.1.8

	City Chrus	1 Const	fan	- RA	St.;Ward)	a hospita give its	ath occurred to t or institution, NAME instead and number.]
PER	SONAL AND STATISTIC	CAL PARTICULAR	RS	MEDICAL CERTIFICATE OF DEATH			
Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word		16 DATE OF CEATH	(Month) CERTIFY, That I att	(Day)	(Year)
DATE OF BI	RTH // (Month)	7. 9 (Day)	, 1914 (Year)		I, to	*************************	, 191,
AGE	yrs.	mos. ds.	1f LESS than, 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at			
(a) Trade, profession, or particular kind of work				(Duration) yrs. mos. ds. Contributory (Secondary)			
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Druhue to to. 13 BIRTHPLACE OF MOTHER (State or country) Druhute 14 Corneity				(Signed)			
(Informant) Law bound brush (Address) Church Low My KNOWLEDGE (Address) Church Low My Filed Feb 9 , 1914 John Ro Juster REGISTRAR				Where was disease contracted, if not at place of death? Former or usual rasidence. 19 PLACE OF BURIAL OR 20 UNDERTAKER Same Carnes	REMOVAL D	ATE OF B	***************************************
	If more blanks are need	led, address State	Regis trar, 6	E. Franklin St., Balto., Requ	nesting V. S. No. 1.		U.SUV!

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The

cates of cause of death—Name, first, the disease of time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcintosis of lungs, meninges, peritonaeum, etc... Carcintosis

mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purreman septichae etc., when a definite disease can be ascertained as the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent "Old Age," "Shock." 'Tracmia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Never report Examples: For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 115 Ilt death occurred la St.:....Ward) a hospital or institution. give its NAME instead of sfreef and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. 191. WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that dasth occurred on the date stated above, st... 1 dayhrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENTS (Address) ... OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or county 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER ot death yrs. mos. ds. State yrs. ____ mos. ___ (State or coun Where was disease contracted, If not at place of death?. Former or usual residence BURIAL OR REMOVAL DATE OF BURLAL Ebruary 15 20 UNDERTAKER Filed VE6. ADDRESS @ REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //Y fit death occurred in .Ward) a hospital or Institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, WIDOWED, Warrell (Month) ORDIVORCED (Day attended deceased from (Year) 7 AGE It LESS than and that death occurred on the date stated above, at, 1 dayhrs. OR min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) Generat nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER Comeranelle PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. MY KNOWLEDGE It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reduesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puenperal septiehac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for



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VIIIage or City Arrey (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. //6 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Sangle, Married Windowsen, Married Windowsen, Married Windowsen, Write the word) 8 DATE OF BIRTH April 29 m, 1860 (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Aury (7, 1914, to 26, 7, 1914, to 1
FAGE J J yrs. 9 mos. 28 ds. OR min. ? COCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	snd that death occurred on the date stated above, aret 3. P. m The CAUSE OF DEATH* was as follows: Organi Hear Disine — Ingulation
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory JeTany Secondary
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hoapitals, Inatitutions, Transienta, or Recent Residents) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Arreys Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

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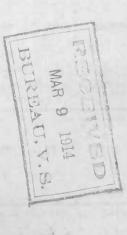
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, Irrespective of agethe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursnits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonacum, etc., Carcin-

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OF MOTHER (State or country)

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR BACE WIDOWED Write the word) 6 DATE OF BIRTH (Month) (Day) If LESS than 7 AGE 1 day, hrs. OR. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) ARENTS 11 12 MAIDEN NAME OF MOTHER 11 13 BIRTHPLACE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto.,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

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[If death occurred in a hospital or institution, give its NAME Instead of street and number. 1

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Contributory." mere symptoms or terminal conditions, such as "As oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of . (name origin; "Can Examples:



V. S. No. 1.

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RECORD PERMANENT S WRITE PLAINLY, WITH UNFADING INK-THIS

PHYSICIANS should state Exact statement, of EXACTLY. stated carefully supplied. AGE should be so that it may be properly classified. item of information should be carefully su E OF DEATH in plain terms, so that it ma ant. See instructions on back of certificate. CAUSE OF Important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

CLIC		IONIL	01	DLI	
	Reg	istration	Dist.	No	112

[If death occurred in hospital or institution.

FULL NAME	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year)	12 DATE OF DEATH (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended deceased from 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry, business, or establishment in which employed (or employer)	ho dorter en attendance (Duration) yrs mos ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether Accidentally Remarks of Injury, and (3) whether Accidentally Remarks of Injury, and (4) whether Accid
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?— Former or usual residence.
(Address) Lenney B. F.D. md.	19 PLACE OF BURIAL OR REMOVAL Puffin heck md Feb. 12, 1914 ROUNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-



aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory tetanus) may be stated under the head of ibutory." (Recommendations on statement of Measles (disease causing death), 29 ds.; (secondary or intercurrent) (name origin; "Can-



Simied and returned per instructions. Lamkin, L.R.



PHYSICIANS shot RECORD statement PERMANENT Exact 4 THIS properly Z pe supplied UNFADING may 80 plain 10 WRITE

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... fit death occurred in Ward) a hospital or Institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. 16 DATE OF DEATH manuel MARRIED. WIDOWED. ORDIVORCED (Write the word) Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (lear, 7 AGE It LESS than and that death occurred on the date stated above, at. no t not 1 day,hrs. yrs known nos knowns OR 7 BOCCUPATION (a) Trade, protession, or anne particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State yrs. . ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO MY KNOWLEDGE It not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Filed. Deputy LOCAL REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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